Health, Welfare Public Service

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029513
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1912 Bloom St. — Length of stay in 1b 40 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Lexington 0542 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1912 Bloom St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Annie Middle: Blondell Last: Jackson

4. DATE OF DEATH Month, Day, Year: July 19, 1958

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ 0 DIVORCED ☐
8. DATE OF BIRTH: March 1, 1875
9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Henry County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Jarvis
14. MOTHER'S MAIDEN NAME: Unity Wyatt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs Ida Paris, Address: Lexington, Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Degeneration C Debilitation — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Hy Illness Auth Mellitus — 1 yr
DUE TO (c) 1527
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-1-57 to July 19, 1958 and last saw her/him alive on July 18, 1958
Death occurred at 12:27 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John C. Bethea (Degree or title) DO
22b. ADDRESS 1110 1/2 Main St, Lexington, Mo.
22c. DATE SIGNED 8/8/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 21, 1958
23c. NAME OF CEMETERY OR CREMATORY: Machpelah
23d. LOCATION (City, town, or county) (State): Lexington, Missouri.

24. FUNERAL DIRECTOR: Forest F. Tenyck
ADDRESS: Lexington, Missouri
25. DATE RECD. BY LOCAL REG.: 8-8-58
26. REGISTRAR'S SIGNATURE: Marion E. Earlbrook

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P.-O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.